

# TROOPS TO TEACHERS

*“Continuing a Career of Service”*

## APPLICATION FOR CERTIFICATION

*For use in requesting initial certification for teaching, administrative, professional non-teaching, vocational, endorsements, and for other certificates.*

Office of Arizona Troops to Teachers  
1535 West Jefferson Street  
Phoenix, Arizona 85007  
[www.ade.az.gov/troops2teachers](http://www.ade.az.gov/troops2teachers)

1-800-830-2134 or (602) 542-4257  
FAX (602) 542-1141 Attn: Sue Collins  
[scollin@ade.az.gov](mailto:scollin@ade.az.gov)

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### ARIZONA TROOPS TO TEACHERS – A BRIEF OVERVIEW

As an extension of the Department of Defense Troops to Teachers (DOD-T<sub>3</sub>), the Arizona Program provides information tailored to the individual pursuing a career in public education specifically in Arizona. In this regard, the Arizona T<sub>3</sub> and the Arizona Department of Education Certification Unit have formed a cooperative alliance to assist DOD military and civilian employees in leveraging significant education, training, and experience in order to meet qualifications for certification as a teacher, administrator, or education professional.

The primary function of Arizona Troops to Teachers is to assist participants in qualifying for an appropriate certificate and to help identify employment opportunities in the state. Working closely with the Arizona Office of T<sub>3</sub>, the Certification Unit carefully evaluates applicants' military education, training, and experience, and verifies compliance with State Board of Education rules for certification. This assures that T<sub>3</sub> applicants are certified only after files have been evaluated with the same scrutiny and rigor as those belonging to all other teacher-applicants.

Specialists in the Certification Unit will evaluate all applications under Troops to Teachers Program. Please note the importance of submitting ALL supporting materials at the time of initial application. The review of applications by a specialist will involve evaluating not only academic transcripts but also records of military and professional education, training, and experiences. Care and completeness in providing supplemental information will be of fundamental importance to the evaluation process since some applicants, in contrast to others who have selected a specific certificate, may need certification career counseling to identify options for which they might qualify. There is, therefore, a special need for adequate information that clearly identifies credentials that directly equate to requirements for certification outlined in Board rules.

The Office of Arizona Troops to Teachers and the Certification Unit jointly are committed to the success of this program. Efforts historically directed to the certification of teacher-applicants from society at large are also being devoted to developing the military component as a viable source of well-educated, dedicated citizens whose experience, focus, and professional maturity can add significantly to the quality of education for Arizona's children. The Nation's veterans represent more than a minority cross-section of society; they clearly are a resource that can be tapped for their potential to contribute to the advancement of education and to the development of students throughout the State.

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### **PLEASE READ THIS INFORMATION AND CAREFULLY COMPLETE THE ATTACHED APPLICATION.**

Remove this instruction and information section before submitting your application. Please note that the Certification Unit will be unable to retain a copy of documents related to this request. If a return of these documents is desired, please enclose with your application a large self-addressed envelope with prepaid postage to cover mailing.

## GENERAL INSTRUCTIONS AND INFORMATION.

The Certification Unit will conduct an evaluation of credentials to accomplish the following purposes: 1) Verify that requirements for the requested certificate have been satisfied and 2) Identify any additional prerequisites that must be met before a specific certificate can be issued. In the event that the applicant is not qualified for a certificate, a copy of the evaluation will be provided to the applicant.

All required materials must accompany this application before an evaluation can commence. Necessary materials include:

- A. Completed application with all questions answered and the required signature.
- B. Official transcript(s).
- C. Notarized copy of valid teaching certificates held in other states, if required.
- D. Verification of employment or experience, if required, on letterhead correspondence.
- E. Money order, cashiers check or personal check **ONLY** for the exact amount due. **Absolutely NO CASH will be accepted.**
- F. Arizona Class I or Class II Fingerprint Clearance Card obtained from AZ DPS at 602-223-2279. If you have a valid AZ certificate, no fingerprint card is needed.

**SECTION 1 – PERSONAL INFORMATION.** Type or print in black or blue ink, and record your full legal name. Your Social Security number is used for identification only. Indicate your present mailing address, and please note that the applicant is responsible for notifying the Troops to Teachers Office of a change in name, mailing address, E-mail address or telephone number since these are the only means available to contact you if the need arises.

**SECTION 2 – TYPE OF CERTIFICATION AND FEES.** Please note that each request for certificate or endorsement requires a non-refundable fee, then follow these steps: 1) Review the detailed requirements for each certificate being requested at [www.ade.az.gov/certification](http://www.ade.az.gov/certification) 2) Select the type of certificate being requested by marking the appropriate box. 3) Calculate the total cost and remit by personal check or money order the full amount due. Absolutely no cash will be accepted. Prerequisites for all Arizona teaching, administrative, and professional certificates can be viewed and downloaded from the Web site.

**SECTION 3 – EDUCATION, STUDENT TEACHING AND INTERNSHIPS.** List all accredited institutions attended. If necessary, please include an additional sheet. For each institution listed, include an official transcript bearing the seal or stamp of the Registrar. Applicants with degrees conferred outside the United States must have transcripts evaluated and approved by a firm that specializes in evaluating foreign academic transcripts/records. Both the original and translated documents must be submitted with the application. Please see [www.ade.az.gov/certification](http://www.ade.az.gov/certification) to verify requirements.

**SECTION 4 – PROFESSIONAL/TEACHING EXPERIENCE.** In some instances, professional, or teaching experience may substitute for another requirement, such as eight semester hours of practicum. If used, “teaching experience” means full-time employment with full responsibility for the planning and presentation of instruction, and the evaluation of student learning. Substitute teaching is not included in this definition. When used to support the application, experience must be verified in writing on official letterhead by the district superintendent, a commanding officer, chief executive officer, personnel director or designee. The areas of experience, dates, and grade levels taught (if applicable) also must be included in the letter. For holders of a valid certificate from another state, please submit a notarized copy of the certificate with the application. Please see [www.ade.az.gov/certification](http://www.ade.az.gov/certification) to view specific details related to various certificates.

**SECTION 5 – CRIMINAL HISTORY.** All questions must be answered before the application can be processed. Please read each question carefully and understand that a “yes” to a question does not necessarily result in denial of a certificate. However, for each “yes” answer, a complete description of the incident and the outcome must be signed and attached to the application. The veracity of your answers is essential. State law classifies false statements, representations, or certifications classified as misdemeanor offenses. For an explanation of any question, contact the Investigative Unit at (602) 542-2972.

**FINGERPRINT CLEARANCE:** To qualify for certification, teachers must possess a valid Class 1 or Class 2 Fingerprint (FP) Clearance Card issued by Arizona Department of Public Safety (DPS). Application forms for a FP Card

are available at DPS or, as a courtesy, at the Certification Unit. However, the applicant must submit the card application direct to DPS. If applying from one of 19 approved states, the rules of reciprocity may allow the applicant to submit proof of an application for a FP Card in lieu of presenting the actual card. If so, the applicant may sign a form attesting to having been fingerprinted for teacher certification in one of the approved states. Please see the Web site for a list of participating states. Please call DPS at (602) 223-2279 for Fingerprint Processing time.

**SECTION 6 – SUBMISSION OF APPLICATION.** Use of the checklist below is highly recommended to verify the completeness of the application. Please understand that an incomplete or incorrect application, of necessity, will prevent the Certification Unit from processing your request. Applications may be submitted by mail or in person to the Troops to Teachers office between 8:00 and 4:30, Monday through Friday. However, from 8:30 to 4:30, over-the-counter service will need to be limited to the following types of certification applications: Renewal, Substitute, Emergency Substitute, Adult Education, Conversion of Provisional to Standard, Extension, removal of deficiencies, name change, JROTC, duplicate copy, and certificates based upon an institutional recommendation. Other applications will be processed as soon as possible in the order received.

**SECTION 7 – CHECKLIST.** This checklist is provided to assist in preparing a complete application. Please assure all required information and support materials are included. Know also that the Certification Unit will be unable to retain copies of materials submitted with this application. If a return of these documents is desired, please enclose with your application a large self-addressed envelope with prepaid postage to cover mailing. It is recommended that the appropriate blocks be completed below.

I have:

- ☐ Provided all requested information listed on the application to include personal information, education, and professional experience.
- ☐ Indicated clearly and accurately those specific services for which I am applying.
- ☐ Calculated the correct total fee and have paid by money order, cashiers check, or personal check. NO CASH.
- ☐ Included official transcripts from all accredited colleges/universities, if applicable.
- ☐ Provided verification of past employment and/or experience, if applicable.
- ☐ Recorded my Social Security number on all attachments to this application.
- ☐ Answered all criminal history questions and included explanations as necessary.
- ☐ Received from DPS a valid Class 1 or Class 2 Fingerprint Clearance Card, OR
- ☐ I have a valid Arizona certificate.
- ☐ Read, understand, signed and dated the statement of affirmation on the last page.

**Remove this instruction and information section before submitting your application.**

**Please note that the Certification Unit will be unable to retain a copy of documents related to this request.**

**If a return of these documents is desired, please enclose with your application a large self-addressed envelope with prepaid postage to cover mailing.**

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### ◆ SECTION 1: PERSONAL INFORMATION (TYPE OR PRINT IN BLUE OR BLACK INK)

SOCIAL SECURITY NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ GENDER: M / F  
(For identification purposes only) (Circle One)

APPLICANT'S FULL LEGAL NAME: \_\_\_\_\_  
Last First Middle

MAILING ADDRESS: \_\_\_\_\_  
(Home) Street Number or P.O. Box

City State Zip Code

TELEPHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_  
(Home) (Home)

ETHNICITY: **GENDER & ETHNICITY ARE REQUESTED FOR FEDERAL REPORTING PURPOSES ONLY.**

\_\_\_\_ Asian or Pacific Islander \_\_\_\_ Black or African-American (Not Hispanic)  
\_\_\_\_ Hispanic or Latino \_\_\_\_ American Indian or Alaskan Native  
\_\_\_\_ White (Non-Hispanic) \_\_\_\_ Other

COMPLETED TEACHER PREP PROGRAM: YES NO

INSTITUTION: Out-of-State / In-State Name: \_\_\_\_\_  
(Circle One)

State: \_\_\_\_\_ Country: \_\_\_\_\_ Degree: \_\_\_\_\_ Major: \_\_\_\_\_

**PLEASE NOTIFY THE OFFICE OF TROOPS TO TEACHERS OF CHANGES IN HOME MAILING ADDRESS, HOME E-MAIL ADDRESS & HOME TELEPHONE NUMBER.**

### ◆ SECTION 2: CERTIFICATE TYPE AND FEES

**IMPORTANT:** Please **maintain copies** of all your personal and professional records for future use. Please note that **official transcripts will not be returned without a self-addressed, stamped envelope.** When applicable, **more than one evaluation within two years of the initial evaluation will incur an additional \$30.00 fee.**

REQUEST CERTIFICATION CAREER COUNSELING. \_\_\_\_\_ ☐ YES ☐ NO  
(MARK "YES" ONLY IF UNSURE ABOUT CAREER DIRECTION, AND ASSISTANCE IS NEEDED TO IDENTIFY VIABLE CERTIFICATION OPTIONS AND EXPLORE EDUCATIONAL POSSIBILITIES; THEN SKIP TO SECTION 3. IF ANSWERED "NO," PLEASE COMPLETE SECTION 2.)

CONTINUE ON NEXT PAGE

**Submit \$60 for each box checked. (Includes \$30 for the evaluation and \$30 for the certificate.) Please write your Social Security Number on the check. If qualified and correct payment is included, a certificate or endorsement will be issued for each box checked.**

**TEACHING  
CERTIFICATES:**

**\* SCHOOL  
DISTRICT  
REQUEST  
REQUIRED**

- |                          |   |      |
|--------------------------|---|------|
| <input type="checkbox"/> | SUBSTITUTE.....                                   | \$30 |
| <input type="checkbox"/> | EMERGENCY SUBSTITUTE*.....                        | \$60 |
| <input type="checkbox"/> | EMERGENCY TEACHING* - TYPE:.....                  | \$60 |
| <input type="checkbox"/> | EMERGENCY ENDORSEMENT*- TYPE:.....                | \$60 |
| <input type="checkbox"/> | ELEMENTARY (K-8).....                             | \$60 |
| <input type="checkbox"/> | APPROVED AREA (ELEMENTARY) - AREA:.....           | \$60 |
| <input type="checkbox"/> | SECONDARY (7-12)(ONE APPROVED AREA) - AREA:.....  | \$60 |
| <input type="checkbox"/> | ADDITIONAL APPROVED AREA (SECONDARY) - AREA:..... | \$60 |

**SPECIAL  
EDUCATION (K-12):**

- |                          |   |      |
|--------------------------|---|------|
| <input type="checkbox"/> | CROSS-CATEGORICAL (ED, LD, MR, O/HI)..... | \$60 |
| <input type="checkbox"/> | EARLY CHILDHOOD (BIRTH TO AGE 5) .....    | \$60 |
| <input type="checkbox"/> | EMOTIONAL DISABILITY .....                | \$60 |
| <input type="checkbox"/> | HEARING IMPAIRED .....                    | \$60 |
| <input type="checkbox"/> | LEARNING DISABILITY .....                 | \$60 |
| <input type="checkbox"/> | MENTAL RETARDATION .....                  | \$60 |
| <input type="checkbox"/> | ORTHOPEDIC/HEALTH IMPAIRMENT .....        | \$60 |
| <input type="checkbox"/> | SEVERELY AND PROFOUNDLY DISABLED .....    | \$60 |
| <input type="checkbox"/> | SPEECH AND LANGUAGE IMPAIRED .....        | \$60 |
| <input type="checkbox"/> | VISUALLY IMPAIRED .....                   | \$60 |

**ARE YOU APPLYING FOR THE ABOVE ELEMENTARY, SECONDARY OR SPECIAL EDUCATION CERTIFICATES UNDER THE RULES OF RECIPROCITY? ☐ YES ☐ NO**

*(Please include a notarized copy of the valid out-of-state certificate.)*

**VOCATIONAL  
CERTIFICATES  
(K-12):**

- |                          |                                    |      |
|--------------------------|------------------------------------|------|
| <input type="checkbox"/> | AGRICULTURE .....                  | \$60 |
| <input type="checkbox"/> | BUSINESS AND MARKETING .....       | \$60 |
| <input type="checkbox"/> | FAMILY AND CONSUMER SCIENCES ..... | \$60 |
| <input type="checkbox"/> | HEALTH OCCUPATIONS .....           | \$60 |
| <input type="checkbox"/> | INDUSTRIAL TECHNOLOGY .....        | \$60 |

**ADMINISTRATIVE  
CERTIFICATES  
(PRE K – 12):**

- |                          |   |      |
|--------------------------|---|------|
| <input type="checkbox"/> | PRINCIPAL .....   | \$60 |
| <input type="checkbox"/> | SUPERINTENDENT .....  | \$60 |
| <input type="checkbox"/> | SUPERVISOR (MUST HOLD A VALID AZ STANDARD TEACHING CERTIFICATE) ..... | \$60 |

**PROFESSIONAL  
NON-TEACHING  
CERTIFICATES:**

- |                          |                                      |      |
|--------------------------|--------------------------------------|------|
| <input type="checkbox"/> | GUIDANCE COUNSELOR (PRE K-12).....   | \$60 |
| <input type="checkbox"/> | SCHOOL PSYCHOLOGIST (PRE K-12) ..... | \$60 |

**OTHER  
CERTIFICATES:**

- |                          |   |      |
|--------------------------|---|------|
| <input type="checkbox"/> | ADULT EDUCATION .....                       | \$60 |
| <input type="checkbox"/> | ATHLETIC COACHING .....                     | \$60 |
| <input type="checkbox"/> | JUNIOR RESERVE OFFICER TRAINING CORPS ..... | \$30 |
| <input type="checkbox"/> | TEACHER INTERN .....                        | \$60 |

**CONTINUE ON NEXT PAGE**

**ENDORSEMENTS:**  
(A VALID AZ  
TEACHING  
CERTIFICATE IS  
REQUIRED.  
ENDORSEMENTS ARE  
K-8 OR 7-12  
DEPENDING ON THE  
CERTIFICATE HELD).

<input type="checkbox"/>	ART .....	\$60
<input type="checkbox"/>	PROVISIONAL BILINGUAL - <u>LANGUAGE:</u> .....	\$60
<input type="checkbox"/>	FULL BILINGUAL - <u>LANGUAGE:</u> .....	\$60
<input type="checkbox"/>	COMPUTER SCIENCE .....	\$60
<input type="checkbox"/>	COOPERATIVE EDUCATION (VOCATIONAL CERTIFICATE REQUIRED) .....	\$30
<input type="checkbox"/>	DANCE .....	\$60
<input type="checkbox"/>	DRAMATIC ARTS .....	\$60
<input type="checkbox"/>	DRIVER'S EDUCATION .....	\$60
<input type="checkbox"/>	ELEMENTARY FOREIGN LANGUAGE - <u>LANGUAGE:</u> .....	\$60
<input type="checkbox"/>	PROVISIONAL ENGLISH AS A SECOND LANGUAGE .....	\$60
<input type="checkbox"/>	FULL ENGLISH AS A SECOND LANGUAGE .....	\$60
<input type="checkbox"/>	PROVISIONAL GIFTED .....	\$60
<input type="checkbox"/>	FULL GIFTED .....	\$60
<input type="checkbox"/>	LIBRARY MEDIA SPECIALIST .....	\$60
<input type="checkbox"/>	MATHEMATICS SPECIALIST (ELEMENTARY OR SPECIAL ED. CERTIFICATE REQUIRED) .....	\$60
<input type="checkbox"/>	MIDDLE GRADE (5-9) .....	\$60
<input type="checkbox"/>	MUSIC .....	\$60
<input type="checkbox"/>	PHYSICAL EDUCATION .....	\$60
<input type="checkbox"/>	READING SPECIALIST .....	\$60

### ◆ SECTION 3: EDUCATION, STUDENT TEACHING/INTERNSHIPS

LIST ALL APPLICABLE ACCREDITED ACADEMIC INSTITUTIONS ATTENDED. OFFICIAL TRANSCRIPTS BEARING THE ORIGINAL SEAL OR STAMP OF THE REGISTRAR ARE REQUIRED FROM EACH INSTITUTION LISTED.

COLLEGE OR UNIVERSITY ATTENDED:	LOCATION (CITY, STATE):	DATES ATTENDED:	DEGREE(S) EARNED:	MAJOR OR AREA OF SPECIALIZATION:
1) _____				
2) _____				
3) _____				
4) _____				

HAVE YOU COMPLETED ANY STUDENT TEACHING, PRACTICUMS, OR INTERNSHIPS?

☐ YES

☐ NO

IF "YES," CIRCLE THE GRADE-LEVELS: K 1 2 3 4 5 6 7 8 9 10 11 12

- SUBJECT AREA(S): \_\_\_\_\_ - DATES: \_\_\_\_\_

### ◆ SECTION 4: PROFESSIONAL/TEACHING EXPERIENCE

TO OBTAIN A WAIVER OF STUDENT TEACHING, YOU MUST SUBMIT VERIFICATION OF TWO YEARS OF FULL TEACHING EXPERIENCE ON OFFICIAL LETTERHEAD.

- I HAVE INCLUDED WITH THIS APPLICATION VERIFICATION OF EXPERIENCE:

☐ YES

☐ NO

CONTINUE ON NEXT PAGE

◆ **SECTION 5: CRIMINAL HISTORY**

**EVERY QUESTION MUST BE ANSWERED.**

1. HAVE YOU BEEN ISSUED A CLASS 1 OR CLASS 2 FINGERPRINT CLEARANCE CARD BY THE ARIZONA DEPARTMENT OF PUBLIC SAFETY? (IF THE ANSWER TO THIS QUESTION IS "YES," PLEASE SKIP TO QUESTION 3 AND CONTINUE.) ☐ YES ☐ NO
2. IF YOU HAVE **NOT** BEEN ISSUED A FINGERPRINT CLEARANCE CARD, HAVE YOU MADE AN APPLICATION WITH THE DEPARTMENT OF PUBLIC SAFETY AND IS PROOF OF YOUR APPLICATION ATTACHED? ☐ YES ☐ NO
3. HAVE YOU EVER HAD ANY PROFESSIONAL CERTIFICATE OR LICENSE, REVOKED OR SUSPENDED? ☐ YES ☐ NO
4. HAVE YOU EVER RECEIVED A REPRIMAND OR OTHER DISCIPLINARY ACTION INVOLVING ANY PROFESSIONAL CERTIFICATION OR LICENSE? ☐ YES ☐ NO
5. HAVE YOU EVER BEEN CONVICTED OF ANY FELONY OFFENSE? ☐ YES ☐ NO
6. HAVE YOU EVER BEEN ARRESTED FOR ANY OFFENSE FOR WHICH YOU WERE FINGERPRINTED? ☐ YES ☐ NO
7. INDICATE FOR EACH ITEM BELOW, WHETHER YOU HAVE EVER BEEN ARRESTED FOR, CONVICTED OF, OR ARE AWAITING TRIAL ON, ANY OF THE FOLLOWING CRIMINAL OFFENSES IN THE STATE OF ARIZONA, OR SIMILAR OFFENSES IN ANOTHER JURISDICTION. INCLUDE IN YOUR ANSWERS ANY CHARGES OR PUNISHMENTS FOR ANY MISCONDUCT UNDER PROVISIONS OF ARTICLE 15 OF THE UNIFORM CODE OF MILITARY JUSTICE, OR BY SUMMARY, SPECIAL OR GENERAL COURTS MARTIAL.
 

<p>a. Second-degree murder YES ___ NO ___</p> <p>b. Aggravated assault resulting in serious physical injury or involving the discharge, use or threatening exhibition of a deadly weapon or dangerous instrument against a minor under fifteen years of age YES ___ NO ___</p> <p>c. Sexual assault YES ___ NO ___</p> <p>d. Molestation of a child YES ___ NO ___</p> <p>e. Sexual conduct with a minor YES ___ NO ___</p> <p>f. Commercial sexual exploitation of a minor YES ___ NO ___</p> <p>g. Sexual exploitation of a minor YES ___ NO ___</p> <p>h. Child abuse YES ___ NO ___</p> <p>i. Kidnapping YES ___ NO ___</p> <p>j. Sexual abuse of a minor YES ___ NO ___</p> <p>k. Taking a child for the purpose of prostitution as prescribed in section 13-3206 YES ___ NO ___</p> <p>l. Child prostitution as prescribed in section 13-3212 YES ___ NO ___</p> <p>m. Involving or using minors in drug offenses YES ___ NO ___</p>	<p>n. Continuous sexual abuse of a child YES ___ NO ___</p> <p>o. Attempted first-degree murder YES ___ NO ___</p> <p>p. Any other dangerous crime against children as defined in section 13-604.01 YES ___ NO ___</p> <p>q. Any of the above listed offenses if committed as a preparatory offense as described in section 13-1001 YES ___ NO ___</p> <p>r. Any offense causing you to register as a sex offender YES ___ NO ___</p> <p>s. First-degree murder YES ___ NO ___</p> <p>t. Armed Robbery YES ___ NO ___</p> <p>u. Incest YES ___ NO ___</p> <p>v. Exploitation of minors involving drug offenses YES ___ NO ___</p> <p>w. Sexual abuse of a vulnerable adult YES ___ NO ___</p> <p>x. Sexual exploitation of a vulnerable adult YES ___ NO ___</p> <p>y. Commercial sexual exploitation of a vulnerable adult YES ___ NO ___</p> <p>z. Abuse of a vulnerable adult YES ___ NO ___</p> <p>aa. Molestation of a vulnerable adult YES ___ NO ___</p> <p>bb. Neglect of a vulnerable adult YES ___ NO ___</p>
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**ATTN: IF "YES" IS INDICATED FOR ANY QUESTION, 3 THROUGH 7, PLEASE ATTACH A FULL EXPLANATION TO THIS APPLICATION.**

I UNDERSTAND THAT PURSUANT TO ARS § 15-534, ANY PERSON WHO MAKES A FALSE STATEMENT, REPRESENTATION OR CERTIFICATION IN ANY APPLICATION FOR CERTIFICATION IS GUILTY OF A MISDEMEANOR OFFENSE. I SWEAR OR AFFIRM THAT THE FOREGOING INFORMATION COMPLETED BY ME, OR SUBMITTED BY ME FOR CERTIFICATION PURPOSES IS, TO THE BEST OF MY KNOWLEDGE, TRUE AND CORRECT. FURTHERMORE, SHOULD ANY PART OR ALL OF THE INFORMATION HEREIN PROVIDED PROVE TO BE FALSE, I RECOGNIZE THAT IT SHALL BE JUST CAUSE FOR REVOCATION, SUSPENSION, OR OTHER DISCIPLINARY ACTION AGAINST ANY CERTIFICATE ISSUED TO ME BY THE ARIZONA DEPARTMENT OF EDUCATION. **FURTHER, I UNDERSTAND THAT IT IS MY PERSONAL RESPONSIBILITY TO MAINTAIN COPIES OF DOCUMENTS RELATED TO THIS REQUEST AND THAT THE CERTIFICATION UNIT WILL BE UNABLE TO PROVIDE THAT SERVICE FOR ME.**

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_